

Maryland

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State CARE Act Program Profile

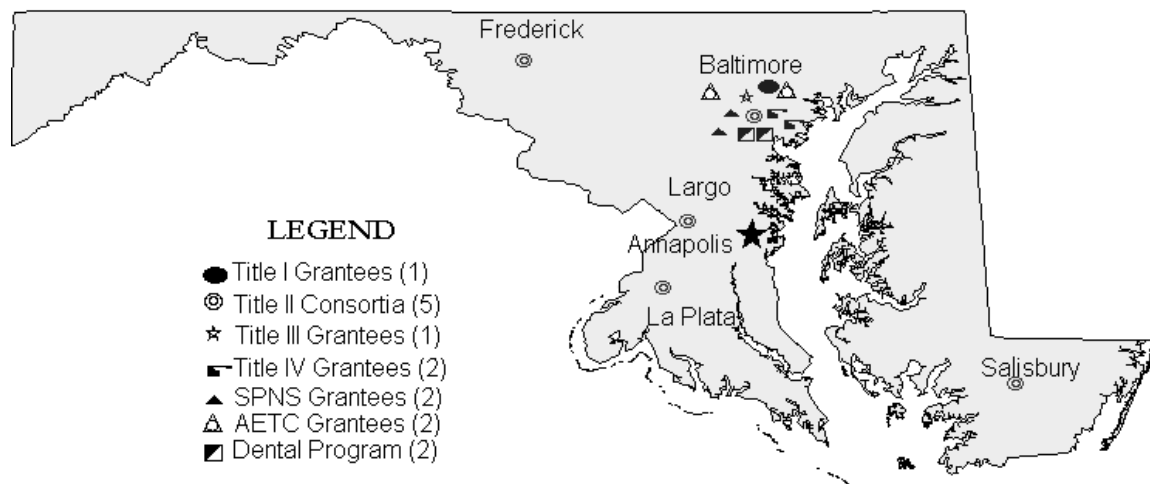
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$8,364,074	\$10,033,688	\$12,184,481	\$30,582,243
Title II (including ADAP)	\$6,521,685	\$10,948,524	\$14,847,982	\$32,318,191
ADAP	(\$1,548,035)	(\$5,025,239)	(\$8,759,047)	(\$15,332,321)
Title III	\$480,779	\$577,400	\$577,400	\$1,635,579
Title IV	\$1,128,950	\$1,617,514	\$841,500	\$3,587,964
SPNS	\$657,158	\$877,683	\$957,812	\$2,492,653
AETC	\$312,710	\$171,095	\$253,000	\$736,805
Dental	\$144,941	\$229,448	\$89,135	\$463,524
Total	\$17,610,297	\$24,455,352	\$29,751,310	\$71,816,959

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

	1996	1997	1998
Title I	1	1	1
Title III	1	1	1
Title IV	3	3	2
SPNS	2	2	2
AETC (grantee or subcontractor)	2	2	2
Dental	2	2	2

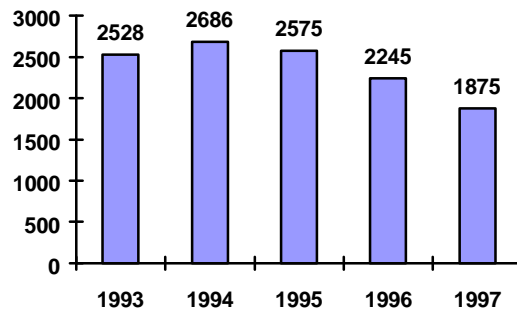
Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: Maryland (Pop. 5,094,289)

- ▶ Persons reported to be living with AIDS through 1997: 7,234
- ▶ New AIDS Cases by Calendar Year, 1993-1997

- ▶ State reporting requirement for HIV:
No HIV reporting
- ▶ State AIDS Cases (cumulative) since 1993: 11,909 (3% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	69%	78%
Women (13 years and up):	31%	22%

	State-Specific Data	National Data
<13 years old :	1%	1%
13-19 years old :	0%	1%
20+ years old :	99%	98%

	State-Specific Data	National Data
White:	15%	33%
African American:	83%	45%
Hispanic:	2%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	0%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	19%	35%
Injecting drug user (IDU):	47%	24%
Men who have sex with men and inject drugs (MSM/IDU):	3%	4%
Heterosexual contact:	17%	13%
Other, unknown or not reported:	14%	24%

Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	93%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	7%	8%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	236.0	194.5
Gonorrhea (1996)	229.9	124.0
Syphilis (1996)	14.5	4.3
TB (1997)	6.7	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** ambulatory/outpatient medical care; medications; dental services; mental health and substance abuse services; housing; transportation; employment services; food services; legal services; child care; home care; and case management
- ▶ **Emerging Needs:** increased cases among women, adolescents and seniors; managed care; foster care; services for immigrants; employment services; new therapies and adherence; decreased benefits/support for PLWH; and decreased public interest in HIV

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	200% FPL
Medically Needy	40% FPL

*Income eligibility for State's ADAP program is annual income between \$8,750 and \$29,400.

Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	No
Refill limit:	Yes
Quantity Limit:	No

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: Yes

Beneficiary groups: All current Medicaid beneficiaries except dual eligibles, persons who have been institutionalized, the spend-down populations, and individuals in other Maryland waiver programs.

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

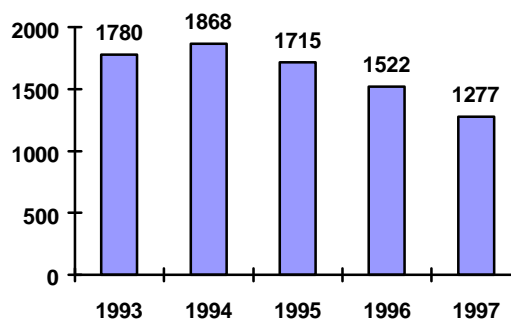
1915(b) waiver(s): Yes

Title I: Baltimore (Pop. 1,980,000)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Anne Arundel, Baltimore City, Baltimore, Carroll, Hartford, Howard, Queen Anne's Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 5,475
- ▶ AIDS Cases (cumulative) since 1993: 8,162 (69% of state cases, 2% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	67%	69%	78%
Women (13 years and up):	33%	31%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	1%	1%	2%
20+ years old:	99%	99%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	14%	15%	33%
African American:	86%	83%	45%
Hispanic:	1%	2%	21%
Asian/Pacific Islander:	0%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	15%	19%	35%
Injecting drug user (IDU):	57%	47%	24%
Men who have sex with men and inject drugs (MSM/IDU):	3%	3%	4%
Heterosexual contact:	16%	17%	13%
Other, unknown or not reported: (Adults only)	9%	14%	24%

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$5,087,464	\$5,916,737	\$6,398,232	\$17,402,433
Supplemental	\$3,276,610	\$4,116,951	\$5,786,249	\$13,179,810
Total	\$8,364,074	\$10,033,688	\$12,184,481	\$30,582,243

Allocation of Funds

	1998
Health Care Services	\$7,313,958/60%
Medications	\$714,281/6%
Case Management	\$423,831/3%
Support Services	\$2,561,321/21%
Administration, Planning and Program Support	\$1,141,956/9%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 32
- ▶ PLWH on planning council: 16 (50%)

Gender of Planning Council Members

Men:	47%
Women:	53%

Race/Ethnicity of Planning Council Members

White:	41%
African American:	56%
Hispanic:	3%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

Clients Served (duplicated count), FY 1996:	16,860
Men:	62%
Women:	38%

<13 years old:	7%
13-19 years old:	1%
20+ years old:	91%

White:	15%
African American:	82%
Hispanic:	1%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	1%
Other, unknown or not reported:	1%

Men who have sex with men (MSM):	14%
Injecting drug user (IDU):	36%
Men who have sex with men and inject drugs (MSM/IDU):	2%
Heterosexual contact:	14%
Other, unknown or not reported:	34%

► Improved Patient Access

- The total aggregate number of clients accessing outpatient primary health care (i.e., office-based medical, dental, mental health, substance abuse treatment and rehabilitation services) increased from a total of 7,030 clients in 1995 (not unduplicated) to more than 13,900 clients in 1996, an increase of almost 100%.
- During FY 1997, the grantee (the City of Baltimore) arranged for viral load testing for all CARE Act primary medical care providers, at no cost to those programs.
- The Title I program implemented a coordinated and centralized transportation service for clients to reduce barriers to care for uninsured, low-income clients.

▶ **Improved Patient Outcomes**

- The grantee reported that the number of HIV/AIDS-related deaths decreased by 25% in 1996, as compared to 1995.

▶ **Cost Savings**

- According to the grantee, the availability of an HIV continuum-of-care, funded through the CARE Act, has reduced the cost of treating patients with HIV and their related diagnoses in hospital inpatient units, through reductions in the frequency of hospitalizations and in the average length-of-stay.

▶ **Other Accomplishments**

- For quality assurance purposes, in FY 1997 the Title I program: 1) developed a new, standard site visit process and an evaluation tool; 2) trained staff, Planning Council members and consumers to conduct the site visits; and 3) completed site visits to 30% of the providers in the first year.
- The grantee revised and improved the Title I procurement process, achieving a more timely distribution of funds during FY 1997.

Title II: Maryland

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$6,521,685	\$10,948,524	\$14,847,982	\$32,318,191
ADAP (included in Title II grant)	(\$1,548,035)	(\$5,025,239)	(\$8,759,047)	(\$15,332,321)
Minimum Required State Match	\$3,260,843	\$5,474,262	\$7,423,991	\$16,159,096

Allocation of Funds

	1998
Health Care (State Administered)	\$8,359,470/56%
Home and Community Care	(\$384,812)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$7,974,658)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$4,556,631/31%
Health Care*	(\$2,469,569)
ADAP/Treatment	(\$193,413)
Case Management	(\$1,695,738)
Support Services**	(\$197,911)
Administration, Planning and Evaluation (Total State/Consortia)	\$1,931,881/13%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 5

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Central Maryland Consortium	Baltimore	Anne Arundel, Baltimore, Carroll, Howard, and Hartford Counties and the city of Baltimore	\$3,028,406
Eastern Shore Consortium	Salisbury	Caroline, Cecil, Corchester, Kent, Queen Anne, Somerset, Talbot, Wicomico, and Worcester Counties	\$185,618
Southern Maryland Consortium	LaPlata	Calvert, Charles, and St. Mary's Counties	\$92,622
Suburban Maryland Alliance	Largo	Montgomery and Prince George's Counties	\$1,371,849
Western Maryland Consortium	Frederick	Allegany, Frederick, Garrett and Washington Counties	\$147,623

Accomplishments

Clients Served (duplicated count), FY 1996:	9,070
Men:	66%
Women:	33%
<13 years old:	2%
13-19 years old:	1%
20+ years old:	96%
White:	21%
African American:	75%
Hispanic:	2%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	1%

Men who have sex with men (MSM):	26%
Injecting drug user (IDU):	34%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Heterosexual contact:	24%
Other, unknown or not reported:	13%

► **Improved Patient Access**

- The total number of clients accessing primary health care and support services through Title II-funded consortia has increased from approximately 3,600 in 1994 to over 11,350 in 1997, an increase of more than 215%.
- The ADAP in Maryland has experienced major growth since the introduction of combination therapy with protease inhibitors in 1996, from 557 enrolled clients to more than 1,200 clients by May/June 1998, a 115% increase. Monthly utilization has also increased, from 443 clients per month in 1997 to 900 clients per month as of May/June 1998.
- The ADAP formulary was expanded from 22 drugs in 1995 to 32 drugs in 1997, and four more were added in 1998, for a total of 36. A toll-free 1-800 ADAP access and information telephone number was established in 1997, and services were advertised in major print media.
- Through a special cooperative effort with the City of Baltimore, \$200,000 in Title II funds were targeted to improve access to primary health care, treatment, and support services and to ensure continuity of care for women, infants, and children. For example, these funds were used to add an evenings-weekend clinic at the University of Maryland Hospital.

► **Improved Patient Outcomes**

- The Title II- and Title IV-funded programs continue to work collaboratively to reduce perinatal transmission. As of July 1997, providers reported a 95% acceptance rate for HIV testing and counseling among pregnant women and a 98% acceptance rate for ZDV therapy for those women found to be seropositive.
- The State reported a 38% increase in the number of persons living with AIDS between 1993 and 1996, while the rate of new, reported AIDS cases declined during that same period. With the availability of new combination therapy, survival rates among AIDS-diagnosed persons continue to improve.

► **Cost Savings**

- Since 1997, the State has negotiated voluntary manufacturers' rebates from pharmaceutical companies.

► **Other Accomplishments**

- The Title II program established close coordination among the consortia operating throughout the state, with all other CARE Act-funded programs in the state, and with other programs including STD, TB, and substance abuse programs.

Note: In addition to providing some State funds for ADAP (e.g., 5% of FY 1998 resources), Maryland also operates a general pharmacy assistance program serving indigent clients with incomes up to \$29,400 per year for a single-person household.

AIDS Drug Assistance Program (ADAP): Maryland

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$1,998,035	\$5,025,239	\$8,759,047	\$15,782,321
State Funds	\$1,100,000	\$600,000	\$600,000	\$2,300,000
Other: Title I	\$453,963	\$341,295	\$641,295	\$1,436,553
Total	\$3,551,998	\$5,966,534	\$10,000,342	\$19,518,874

Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 44 drugs, 4 protease inhibitors, 9 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: Yes
- ▶ Co-payment: Sliding scale
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	1,200
Number using ADAP each month:	900
Percent of clients on protease inhibitors:	51%
Percent of active clients below 200% FPL:	51%

Client Profile, FY 1996

Men:	78%
Women:	22%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	33%
African American:	58%
Hispanic:	5%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	3%

Title III: Maryland

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	1	1	1	
Total Title III funding in State	\$480,779	\$577,400	\$577,400	\$1,635,579

Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 1 grantee(s) in state)

- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 3,297
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 1,318
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
 - ▶ under 200: 30%
 - ▶ from 200 to 499: 35%
 - ▶ above 500: 24%
 - ▶ unknown: 12%

Accomplishments

Clients served (primary care only), 1996:	3,297
Men:	69%
Women:	31%
<13 years old:	1%
13-19 years old:	0%
20+ years old:	99%

White:	18%
African American:	81%
Hispanic:	1%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Men who have sex with men (MSM):	18%
Injecting drug user (IDU):	40%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Hemophilia/coagulation disorder:	1%
Heterosexual contact:	14%
Receipt of blood transfusion, blood components, or tissue:	0%
Other, unknown or not reported:	23%

► **Improved Patient Access**

- Chase-Brexton Health Services has reduced the waiting time for an initial medical appointment significantly with the help of the Title III funds. The wait time has decreased from four-weeks to less than two weeks. Through increased Title III funds, the medical staff has increased, making more appointments available.

► **Improved Patient Outcomes**

- To improve compliance with the initial medical appointment, a case management intake is completed. Through implementation of this process at Chase-Brexton Health Services, the no-show rate declined from an average of 54% to less than 30%.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Chase-Brexton Health Services	Baltimore	13 Counties	Non-329/330/340 Health Center

Title IV: Maryland

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	3	3	2	
Total Title IV Funding	\$1,128,950	\$1,617,514	\$841,500	\$3,587,964

HIV-Infected and Affected Clients Served in 1996 by Title IV Grantees in State

Pregnant adolescents and women:	7%
Women with children:	15%
Adolescents/young adults:	2%
Children:	48%
Infants:	24%
Clients with AIDS/HIV Infection:	93%

Accomplishments

All clients served, 1996:	1,231
Men:	7%
Women:	93%
(Adolescents and adults only)	
<13 years old:	71%
13-19 years old:	2%
20+ years old:	26%

White:	9%
African American:	86%
Hispanic:	1%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	4%

Men who have sex with men (MSM):	0%
Injecting drug user (IDU):	7%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Hemophilia/coagulation disorder:	0%
Heterosexual contact, non IDU:	13%
Receipt of blood transfusion, blood components, or tissue:	0%
Pediatric Exposure:	70%
Other, unknown or not reported:	10%

► **Improved Patient Access**

- To facilitate adherence to the ZDV regimen for preventing perinatal HIV transmission, pregnant women enrolled in the Maryland Title IV program receive individual counseling from an outreach worker and/or Perinatal HIV Coordinator to discuss their diagnosis, care, use of ZDV, and recommendations for care of the infant.
- For pregnant women, who present at labor and delivery without HIV counseling and testing, the grantee is putting steps in place to make “rapid turn-around” serology tests available. Such a system allows for intravenous ZDV to be administered as needed.
- During 1997, more than 1,100 clients were served through the Maryland Pediatric/Family HIV/AIDS Health Care Project. The total number of HIV-infected youth served by the Maryland Pediatric/Family HIV/AIDS Health Care Project increased by 710%, from 10 youths served in 1994 to 81 youths served in 1996.

► **Improved Patient Outcomes**

- The grantee offers universal counseling about perinatal HIV transmission to all adolescent and adult obstetrical clients. In 1997, 100% of women, who were offered ZDV at all program sites, accepted.
- During 1997, only five of the 57 HIV-exposed infants enrolled in the Maryland Title IV program proved to be infected with HIV.
- More than 25% of pediatric clients enrolled in care receive one or more protease inhibitors as part of combination therapy. This has led to reductions of viral load and increases in CD4 counts in almost all children.

- Since using the outreach worker to link the Johns Hopkins OB/GYN Service to the adult HIV clinic and the intensive primary care clinic, adherence in care and follow-up has increased to 80%.

Title IV Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Maryland Department of Health (WIN)	Baltimore	Statewide	Health Department
Maryland Department of Health	Baltimore	Statewide	Health Department

Special Programs of National Significance (SPNS): Maryland

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	2	2	2	
Total SPNS Funding in State	\$657,158	\$877,683	\$957,812	\$2,492,653

Project Descriptions

► Health Care for the Homeless

Location: Baltimore

Project period: 10/96 - 9/01

Population Served: HIV-infected substance users/mentally ill

Description of Services: An estimated 25,000 homeless people, predominantly from cultural and ethnic minorities, seek shelter each year in Baltimore. About 1,800 are HIV positive and also mentally ill and/or substance abusers. Many have difficulty accessing services as a result. The Diamond Project augments existing services to improve access to care for this population. Two outreach teams--including a peer leader and former homeless person, a registered nurse, and an addictions counselor--engage the homeless on the streets and help them access on-site primary medical care. The project then uses a multidisciplinary approach to provide a full range of care including case management, substance abuse and mental health services, health education, and assistance with entitlements, transportation, and housing.

Project Highlights

- Using the team outreach approach to engage clients in care the Diamond Project has made contact with more than 2,500 homeless on the streets and in the shelters of Baltimore and referred them to the project's primary health care clinic since April 1997. The teams work at four shelters and two soup kitchens on a routine basis. They conduct "streetreach" in several downtown areas and worked closely with programs serving drug users.
- As a result of these efforts, about one-third of those contacted came into the clinic, where a registered nurse provided triage to determine their primary care needs. The clinic increased case management and substance abuse services to cope with the increased number of clients.

- HCH participates on the Baltimore HIV Health Services Planning Council and helped create and disseminate a Consumer Needs Assessment Survey. HCH was also involved in creating national MCO standards of care for the homeless and was instrumental in helping disseminate information about homelessness and managed care to state medical directors.
- HCH created three new databases to enhance follow up with clients and improve communication with providers.
- HCH has begun coordinating service delivery systems with agencies that provide services under the Housing Opportunities for People with AIDS (HOPWA) program to facilitate client access along a continuum of care.

► **Johns Hopkins University School of Medicine**

Location: Baltimore

Project period: 10/94 - 9/99

Population Served: N/A

Description of Services: The Johns Hopkins University School of Medicine conducts a university-based program that coordinates with licensed HMOs to provide comprehensive services on a capitated basis to Medicaid recipients with late-stage AIDS. Known as the Moore Options Plan, the project is designed to establish capitated rates, determine the feasibility of providing care within these rates, and establish the cost and quality of care provided. In addition to extensive remodeling of its fee-for-service reimbursement system, the Hopkins program provides comprehensive, coordinated health care primarily for inner-city Baltimore clients, most of whom show high rates of substance abuse (53%) and mental health disorders (26% with an Axis-1 diagnosis).

Project Highlights

- The Moore Options Plan was created, implemented and evaluated as an entirely new, capitated managed care system for Medicaid recipients and others living with HIV/AIDS. An initial 253 clients have been enrolled in the program.
- The project forged partnerships with three managed care organizations that have contracted with the State of Maryland to provide care to Medicaid beneficiaries, thus spearheading the change from fee-for-service to managed care.
- The project successfully interacted with the Maryland Medicaid agency to determine and implement risk-adjusted payment rates to allow quality care for persons with HIV/AIDS.
- Among other factors, the project studied the impact of new therapies for HIV on the allocation of resources within the Hopkins program. Project research also evaluated aspects of clients' quality of life, including the frequency of HIV-related complications and survival rates. Data also revealed critical issues in cost effectiveness, for example, the cost of hospital care versus other forms of service delivery, the cost of selected AIDS-defining complications, and other factors.

AIDS Education and Training Centers: Maryland

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Mid-Atlantic AETC
- ▶ States Served: Delaware, District of Columbia, Maryland, Virginia, West Virginia
- ▶ Primary Grantee: Virginia Commonwealth University, Richmond, VA
- ▶ Subcontractors in State: Johns Hopkins University, School of Medicine - Baltimore
Univ. of Maryland, Baltimore - Baltimore

Funding History

Year	1996	1997	1998	Total
Total AETC Funding for State	\$312,710	\$171,095	\$253,000	\$736,805

Training Highlights from FY 1997

- Mid-Atlantic AETC performance sites conducted courses on a variety of training topics. These include:
 - “HIV Prevention Counseling: The Facts,” conducted by the performance site located at Inova in Fairfax, Virginia, provided seven hours of training on prevention of perinatal transmission, adolescents and HIV, antiretroviral therapy, early intervention and management, epidemiology, ethical/legal issues, infection control, psychosocial issues, risk assessment and sexual history taking, and substance abuse.
 - The West Virginia performance site provided a training titled “New Modalities in HIV Therapy.” Topics covered included: clinical manifestations of HIV disease; combination therapy; early intervention and management; epidemiology; ethical/legal issues; immunology/virology; viral load testing; and workplace issues. Collaborating organizations included the local hospital nursing development department.
 - A course titled, “AIDS Awareness in Howard University” was conducted by the Washington, D.C. performance site. Topics covered during the course included: adolescents and HIV; early intervention and management; epidemiology; prevention and behavior change; racial and ethnic minority issues; HIV and women; and testing and counseling.

- The STD/HIV Conference, held in November 1997 by the Delaware performance site, provided information on a wide range of HIV-related topics.
- The Maryland performance site's "AIDS Service Medical Provider Seminar" provided information on barriers to education; cultural competency; clinical manifestations; antiretroviral therapies and viral load testing; and tuberculosis.

HIV/AIDS Dental Reimbursement Program: Maryland

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	2	2	2	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$144,941	\$229,448	\$89,135	\$463,524

Accomplishments

Est. clients served, 1996:	6,706
Men:	37%
Women:	63%
<13 years old:	1%
13-19 years old:	1%
20+ years old:	98%

HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
Johns Hopkins University	Baltimore
University of Maryland	Baltimore